

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | |
|--|-------------------|--------------------------|--------------|
| 1 Date of Request: | 2 Serial/Patent # | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| | | 6 AMOUNT | |
| Filing | | | \$ |
| Amendment | | | \$ |
| Extension of Time | | | \$ |
| Notice of Appeal/Appeal | | | \$ |
| Petition | | | \$ |
| Issue | | | \$ |
| Cert of Correction/Terminal Disc. | | | \$ |
| Maintenance | | | \$ |
| Assignment | | | \$ |
| <input checked="" type="checkbox"/> Other RCE | | 5-12-04 | \$ 770 |
| | | 7 TOTAL AMOUNT OF REFUND | \$ 770 |
| | | 8 TO BE REFUNDED BY: | |
| | | Treasury Check | |
| <input checked="" type="checkbox"/> Overpayment | | Credit Deposit A/C #: | |
| <input type="checkbox"/> Duplicate Payment | | 9 06 -- 09 16 | |
| 10 REASON: | | | |
| | | | |
| | | | |
| | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: | | TITLE: Paralegal | |
| SIGNATURE: <u>Retta Williams</u> | | PHONE: 306-5594 | |
| OFFICE: Petitions | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** | | | |
| APPROVED: <u>Alicia Keller</u> | | DATE: 9-2-04 | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B